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On

Aug 26 2003

TOWNSEND and TOWNSEND and REW LLP

By:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MASUDA et al.

Application No.: 09/998,667

Filed: December 3, 2001

For: TRAC1: MODULATORS OF LYMPHOCYTE ACTIVATION

Examiner: Gibbs, Terra C.

Technology Center/Art Unit: 1635

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents

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Sir:

In response to the Restriction Requirement mailed June 26, 2003, please enter the following remarks. A petition to extend the time for response for one month, from July 26, 2003 to August 26, 2003, is submitted herewith.

The listing of claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



1653 
PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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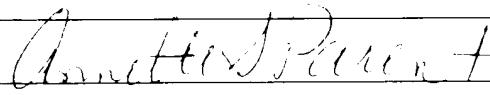
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		Application Number	09/998,667
		Filing Date	December 3, 2001
		First Named Inventor	Masuda, Esteban
		Art Unit	1653
		Examiner Name	Gibbs, Terra C.
Total Number of Pages in This Submission	9	Attorney Docket Number	021044-000600US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard; Petition for One Month Ext. Time SB/22 with fee auth. to Dep. Acct. 20-1430 (1 pg., 2 copies); Response to Restriction Requirement (6 pgs.).
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Annette S. Parent		Reg. No. 42,058
Signature			
Date	08/20/2003		

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Signature		Date	08/20/2003

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